



# ANNUAL REPORT - TRAINING STATUS

STATE FORM 46177 (R/11-98)

DO NOT FAX

PLEASE TYPE OR PRINT CLEARLY

DO NOT FAX



|           |            |             |           |                            |                          |
|-----------|------------|-------------|-----------|----------------------------|--------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | JR. - SR. | MAIDEN / OTHER LEGAL NAMES | SOCIAL SECURITY NUMBER * |
|-----------|------------|-------------|-----------|----------------------------|--------------------------|

|              |                    |                                  |                                    |                 |                    |
|--------------|--------------------|----------------------------------|------------------------------------|-----------------|--------------------|
| DOB MM-DD-YY | APPOINTED MM-DD-YY | MALE<br><input type="checkbox"/> | FEMALE<br><input type="checkbox"/> | DEPARTMENT NAME | IDACS / ORI NUMBER |
|--------------|--------------------|----------------------------------|------------------------------------|-----------------|--------------------|

|                                       |                                       |                                     |  |                                      |                                      |  |                                   |
|---------------------------------------|---------------------------------------|-------------------------------------|--|--------------------------------------|--------------------------------------|--|-----------------------------------|
| CHECK ONE BOX                         |                                       |                                     | CHECK THE BOX THAT BEST DESCRIBES THE OFFICER'S SEPARATION FROM THE DEPARTMENT |                                      |                                      |  |                                   |
| FULL-TIME<br><input type="checkbox"/> | PART-TIME<br><input type="checkbox"/> | RESERVE<br><input type="checkbox"/> | RETIRED<br><input type="checkbox"/>  | DECEASED<br><input type="checkbox"/> | RESIGNED<br><input type="checkbox"/> | DISCHARGED<br><input type="checkbox"/> | LEAVE<br><input type="checkbox"/> |

\* THE SOCIAL SECURITY NUMBER OF THIS INDIVIDUAL IS BEING REQUESTED AS AN EXCHANGE OF INFORMATION BETWEEN AGENCIES PROVIDED FOR BY IC 4-1-6-2. DISCLOSURE IS NECESSARY TO FULFILL A STATUTORY MANDATE AND CONFIDENTIALITY OF THE SOCIAL SECURITY NUMBER WILL BE MAINTAINED BY THE LAW ENFORCEMENT TRAINING BOARD AS PROVIDED BY LAW.

☐ This paid officer did not complete the 16-hour minimum inservice training requirement for calendar year \_\_\_\_\_

REASON: \_\_\_\_\_

☐ This reserve officer has attended the LETB pre-basic course and has successfully completed all testing, including the firearms qualification course.

FILL IN THIS SECTION USING THE "ROSTER - LAW ENFORCEMENT TRAINING" AND "COMPLETION OF TRAINING CERTIFICATE" FORMS FROM THE TRAINING PROVIDER OR INSTRUCTOR. SEND THIS COMPLETED FORM TO: EXECUTIVE DIRECTOR, LAW ENFORCEMENT TRAINING BOARD, P.O. BOX 313, PLAINFIELD, IN 46168-0313, BETWEEN JANUARY 1ST AND MARCH 15TH, EACH YEAR, ONE FORM FOR EACH OFFICER. ONLY LEGIBLE, FIRST GENERATION COPIES WILL BE ACCEPTED.

| TRAINING DATE(S) |              | LETB TRAINING PROVIDER OR INSTRUCTOR<br>NUMBER | INSERVICE<br>CREDIT |
|------------------|--------------|--|---------------------|
| BEGIN MM-DD-YY   | END MM-DD-YY |  |                     |
|                  |              |  | HRS.                |
|                  |              |  | HRS.                |
|                  |              |  | HRS.                |
|                  |              |  | HRS.                |
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|                  |              |  | HRS.                |
|                  |              |  | HRS.                |
|                  |              |  | HRS.                |

|                                  |           |  |      |
|----------------------------------|-----------|--|------|
| PREPARED BY (TYPE OR PRINT NAME) | FOR YEAR: | TOTAL HOURS SUCCESSFULLY COMPLETED.... | HRS. |
|----------------------------------|-----------|--|------|

|                              |                   |
|------------------------------|-------------------|
| COMMENTS BY REPORTING AGENCY | FOR LETB USE ONLY |
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